Los Angeles County Sheriff's Department Officer Involved Shooting

Carlottin	Sentitation			Samuel Berger (1989)			5740.384			
Report Date: 03/1	8/18	Burea	u/Station/Facility:	ol Division / Tem	nle Sta	ition	Admir	n. Invest.?	Hit	? 🗸
AND				Incident Informat						diction.
URN:	018-03	394-0563-01		Date:	03/1	R/18	1. 2010 14 2 15 B	Time:	0845	revolutions and
City or Station:				Nature of Incident	00/1	0.70			00-10	
Location: Durfee Av		outh El Monte	e , CA 91733	During a burgla a foot pursuit e involved shooti	nsued.	The suspe				
Location Type (check one or more Backyard Beach Business Freeway Industrial Park Parking Lot	n):	Lighting (check of Darkness / Daylight Other Street Lights Weather (circle / Clear		Incident Type (check Accidental Accidental Amed Person Fleeing Suspect Foot Pursuit Gun Take Away Moving Vehicle Sniper/Ambush	one or n	zore):	Arrest V Call Observ One Pe	Variant vation erson Unit Warrant erson Unit	y one):	
Residence Rural School Street Other: Total # of Shots Fired	har Damida	Cloudy Fog Rain Distance:	Fined by Crimnest	Struggle Involved Traffic Stop Unarmed Person Unintentional Vehicle Pursuit Warrant Service			Detecti	Transport	nly one):	
3	by Deputy	Total # of Shots F	0	Other:			Aero Ur	nit?	Canine Un	11.7
Section 1		ikyt in i	Not Land	Employee Witnes	ses			profession in the	hadadda Habd	sik dire
Employee #	Last N	Bui		Vu Name	M.I. N	ShiftTime (chec	k only one)	Regular ShiftType (i	Overtime Check only one	Off Duty
Employee #	Last N	Bme	First	Name	M,I.	ShiftTime (chec	k only one)		Overtime check only one Overtime	1):
多种型 切的进	saan.	antinative dat	No	n-Employee Witn	esses.	. T. 1	Celevilis			機能なか
Last Name					First I	Name			M.I.	
Street Address			City		Zip C	ode VV	ork Ph	ŀ	Iome Ph	
Last Name					Firat	Name			M.I.	
Street Address			City		Zip C	ode We	ork Ph	ŀ	Home Ph	
Last Name		*** ,			First 1	Name		***	M.L.	
Street Address			City		Zip C	ode We	ork Ph	F	dome Ph	
-10 ⁶ 2][[0][0][0][0][0][0][0][0][0][0][0][0][0	824)74	egen grangsvens	n a sugar	Supervisors	Section 5.		4. 45 0 Marks	dapora esta	de de Syste	
	ast Name	Long	First Na	James	M.L.	(check one or ✓ On Duty ☐ Present de (check one or	uring shool		Witness to s involved in s	
			r not Ne		Pris.1.	On Duty Present de			Witness to s Involved in s	
2000 BB		galia vez vez	: 1	Watch Sergean					dista	\$24G\$
Employee #	Last Na	7)0	Mikesell		F	irst Name	Steve	n	М	F
			in the second	Watch Command	ler	Again to the S	V. 17 (18)	Takkan Was	Na sa	
Employee #	Lest Na		•			irst Name			М	LL.
			Martinez				Micha	el		Α

PSTD Use Only
SH #

Officer Involved Shooting Involved Employee Information

URN: 018-03394-0563-013

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		Involv	ed Employee	The Marketon Spill Control	08/44/4/08	SE SEE SEE
Employee #	Last Name	Dietze		First Name	Bradley	M.I. S
Sex: M Race: W	Rank: DSG	Unit Assignm Ten	nent: nple Station	Work Assignment (U	nit #, Module, etc. 55T1):
ShiftTime (circle only one): EM PM 7 Day	ShiftType (circle only one): Regular V Overtime		/Drug Usage?	Substance Used:	N/A	
Hospital Admission?	Hospital Name: N/A	Coroner Ca	106?	Coroner Case #		Interviewed?
Hrs of sleep prior to shootin		Clothing (circle only or		Other Factors:		
Age: Height:	508 Weight: 185	Plain Clothes no Ves Plain Clothes w/ Ves Raid Jacket no Vest				
Range Qualification Date:		PPC Qualification Da	te:	Laser Train	ing Date:	
Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Shoo	Number Shootii		Directed Force:
Weapons Fired Heckle	r & Koch Caliber .4!	5 #Shots 3	Weapons Fired Brand:		Caliber	# Shota
Field Training Officer Emp #	# ast Name			First Name		M.I.
Field Training Officer Emp #	ast Name			First Name		M.J.
Employee #	Last Name			First Name	And the second of balances	M.I.
Sex: Race:	Rank:	Unit Assignr	nent:	Work Assignment (U	nit #, Module, etc.)):
ShiftTime (circle only one)	ShiftType (circle only one)	Interdention	/Drug Usage?	Substance Used:		***************************************
Hrs of sleep prior to shooting: Duty Time (hrs):		Coroner Ca		Coroner Case #	Interviewed 2	
		Clothing (circle only on		Other Factors:	Interviewed?	
Age: Height:	Weight:	Plain Clothes no Ves	Raid Jacket w/ Vest			
Range Qualification Date:		Raid Jacket no Vest	Uniform w/ Vest	Laser Train	ing Date:	4
Certified with Weapon				INC		Directed Force:
Used?	Patrol Certification?	Certification Unit:	Prior Sho Weapons Fired	Shooti		# Shots
Brand:		# Snot	Brand:			
Field Training Officer Emp #				First Name		M.I.
Field Training Officer Emp f	Last Name			First Name		M.L.
Employee #	Last Name			First Name		M.I.
Sex: Race:	Rank:	Unit Assigns	nent:	Work Assignment (U	nit #, Module, etc.)):
ShiftTime (circle only one):	ShiftType (circle only one):	Intovication	/Drug Usage?	Substance Used		
EM PM Day Hospital Admission?	Reguler Overtime Hospital Name:	Coroner Ca	190?	Coroner Case #		Interviewed?
Hrs of sleep prior to shooting	g: Duty Time (hrs):	Clothing (circle only on		Other Factors:		
Age: Height:	Weight:	Plain Clothes no Vest Plain Clothes w/ Vest Raid Jacket no Vest	The state of the s			
Range Qualification Date:		PPC Qualification Da		Laser Train	ing Date	
Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Sho	ootings? Number Shootings		Directed Force:
Weapons Fired Brand:	Caliber	# Shots	Weapons Fired Brand:		Caliber	# Shots
AND ARE SHOWN						
Field Training Officer Emp &	Last Name			First Name		M.I.

Officer Involved Shooting Suspect Information

LIRN-

018-03394-0563-013

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		(M. M. Branders C. J. C. Agents of S	Suspect	Information	kalija (Pro				
S 1	Last Name	Воггедо		Firs	l Name	Manuel	M.I. A		
	AKA Last Name			Firs	t Name		M.I.		
	Sex: M Race: H	Street Address:		City			State & Zip Code:		
	Work Phone:	Home Phone:	Social Se	curity #:		Driver's License #			
	Age: 40 D.O.B. 08/20/77	Height: 5-04 Weight: 160	FBI#			CII#			
	Booking # N/A	Primary Charge: N/A		Se	pe: N/A				
	Coroner Case?	Coroner Case # 2018-02259		Intexication/Drug	Usage?	Substance Used: Methan	nphetamine		
	Armed?	Apprehended? ✓		Mental Illness?		Criminal History?	√		
	Vehicle Make Model N/A	Year.	Paro	ole: Yes	Probation	n: Prior Felo	ony Conviction: Yes		
s	Last Name			First	Name		M.I.		
	AKA Last Name			Firs	t Name		M.L.		
	Sex: Race:	Street Address:	*****	City	1		State & Zip Code:		
	Work Phone:	Home Phone:	Social Sec	curity #:		Driver's License #:			
	Age: D.O.B.	Height: Weight: FBI#				CII#			
	Booking #	Primary Charge:	1	Se	condary Char	je:			
	Coroner Case?	Coroner Case #			Llenge? C	Substance Used:			
	Armed?	Apprehended?	Intoxication/Drug Usage? Mental filness?			Criminal History?			
	Vehicle Make Model		Paro		Probation		ny Conviction:		
6	Last Name			First	Name		M.I.		
S	AKA Last Name				Name		M.L.		
	Say	Clonet Addman							
	Sex: Race: Work Phone:	Street Address: Home Phone:	Social Sec	City		15	State & Zip Code:		
				anty #.		Driver's License #:			
	Age: D.O.B. Booking #	Height: Weight: Primary Charge:	FBI#			CR#			
	BOOKING #			Sec	condary Charg	96:			
	Coroner Case?	Coroner Case #		Intoxication/Drug	Usage?	Substance Used:			
	Armed?	Apprehended? Year:	0	Montal Illness?	Cartaina	Criminal History?	1		
	Vehicle Water (Woder	Tear.	Paro	ve:	Probation	: Prior Felo	ny Conviction:		
S	Last Name			First	Name		M.I.		
	AKA Last Name		M.I.						
	Sex: Race:	Race: Street Address:					State & Zip Code:		
	Work Phone:	rk Phone: Home Phone:				Driver's License #:	Driver's License #:		
	Age: D.O.B.	e: D.O.B. Height Weight FBI#				Cn#	Cn#		
	Booking #	Primary Charge:		Sec	Secondary Charge:				
	Coroner Case?	Coroner Case #		Intoxication/Drug	Usage?	Substance Used:			
	Armed?	Apprehended?		Mental finess?		Criminal History?	Criminal History?		
	Vehicle Make Model:	Year.	Paro	le:	Probation	- La	ny Conviction:		

Page of

Leg

Neck

(LE)

(NK)

				Rollout Information	۱ ,	on the Alfahler will be set the w			
Arrival	03/18/2018	Arrival Time	1110	Date Submitted 11/	26/2019	Date of Recommendation			
Emplo	yee # Last Name		Cam	acho	First Name	Omar		M.I.	
Emplo	yee # Last Name		Jord	dan	First Name	James		M.I.	T
Emplo	you # Last Name		Pow	rers	First Name	James		M.I.	C
		yayayayay e	Shoo	ting / Force Inforr	nation				
Meth (AW) (BC) (BI) (BF) (CCH) (CTT) (CCG) (CCG) (CCG) (CCG)	Arwen Baton:(Control) Baton:(Impact) Bodily Fluids Canine Carotid Restraint Choke Hold Control Holds:(Control Techniqu Control Holds:(Team Takedown) Chemical Chemical Agents (OC Spray) Explosives		Other Weap Personal W Personal W Personal W Personal W Resistance Restraint De Restraint De Restraint De	on: Blunt Object	(AB) (BR) (BV) (CP) (CO) (DH) (DI) (DB) (FR) (GS) (HB) (LC) (ND)	Abrasion Bruise Burn Complaint of Pain Concussion Death Dislocation Dog Bite Fractures Gunshot Human Bite Lacrations Nerve Damage	(AD) (AK) (AR) (BK) (BT) (CH) (EL) (FA) (FE) (GE) (GH)	Part In Abdom Ankle Arm Back Buttock Chest Elbow Facs Feet Fingers Genitals Groin Hand	ên S
(FH) (FR) (FS) (FO) (FB)	Firearm (Handgun) Firearm (Rifte) Firearm (Shotgun) Firearm (Other) Fleshbang	(SP) (SH) (SG) (SB) (ST)	Sap Shield 37mm Sting Sting Ball Stun Bag	er	(OD) (PA) (PW) (SD)	Organ Damage Paralysis Puncture Wound Soft Tissue Damage	(HE) (HI) (IN) (KN)	Head Hip Internal Knees	

(ST)

(UN)

Sprain/Twists

Unconscious

(FL) (OE) Flashlight (TR) Taser Other Weapon: Edged (UC) Uncooperative Brand Iver Johnson (RO) Rossi (AK) (BR) (BR) (CH) (CO) AK-47 (JE) Jennings (SW) Smith & Wesson Benelli (LO) Lordin Sturm Ruger Beretta (LU) Lugar (SS) SIG Sauer Browning (ST) (MA) Marlin Sterling Charter Arms (MO) Mossberg (TA) Taurus Colt (NC) NCI aka SKS (WE) Weatherby (DA) (GL) Davis Industries (NA) North American (WN) Winchester Glock (NO) Norinco **US Government** (HA) Harrington & Richardson (RA) Rayen Handmade (Inmate) (HI) Hi Standard (RM) Remington Homemada (Non-Inmate) (HK) H&K (RG) (RI) RG RGI (ZZ) Other Brand **Ithics**

Caliber		
(9) 9 mm (24) .243 calib	per (41)	.410 guage
10) 10 mm (25) .25 calibe	IF (44)	.44 caliber
12) 12 guage (30) .308 calib	er (45)	45 calibar
20) 20 guage (35) .357 calib	er (50)	50 mm
21) .22-250 (38) 30-80 cal	iber (SL)	Slug
(22) .22 caliber (38) .38 calibe	r (WW)	Other caliber
23) .223 caliber (40) .40 calibe		

FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S#1	E#1	OE					NN	
E#1	S#1	FH	HK	45	Y	Υ	GS	
E#1	S#1	FH	HK	45	Y	Υ	GS	NK
E#1	S#1	FH	HK	45	Υ	Υ	GS	SH
14-117								